Combining UK general practice with international work — who benefits?

GPs from the UK have historically spent time abroad during their medical careers, working as clinicians in both high and low-to-middle income countries.[1,2] With progressive globalisation and advances in communication and transport, there is an increasing interest in global health training[3–5] and a variety of opportunities for GPs from the UK to engage in international work and global health issues.[6–8]

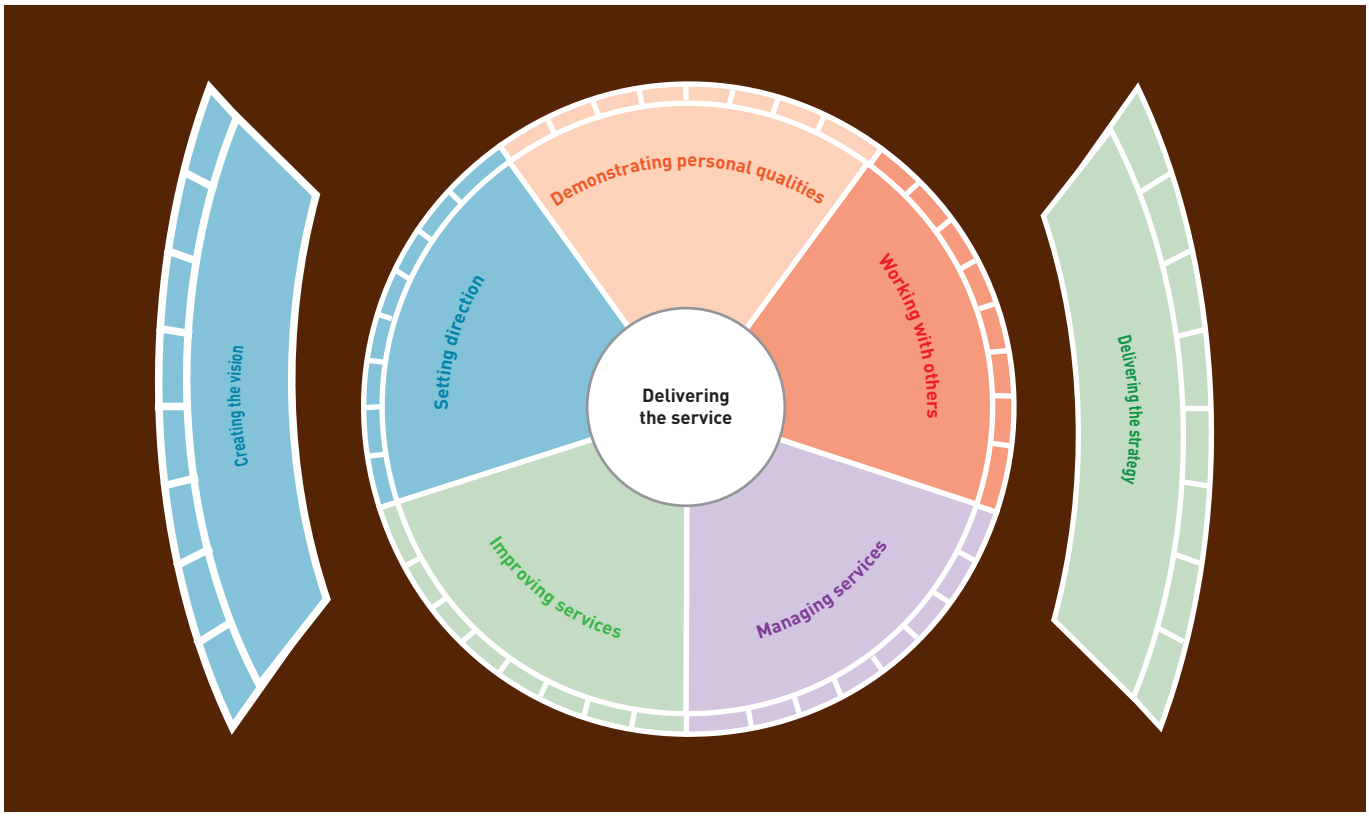
As the NHS seeks to address the challenges of an ageing population and cost effectiveness while striving for high quality health care, UK primary care is in constant evolution. The past decade has seen an emergent policy emphasis on clinical leadership, identifying competencies needed for doctors to contribute meaningfully to planning and delivering health services.[9–11] These have been recently expressed in the NHS Leadership Framework, informed by analysis of NHS leadership data and literature.[12] The recent acceptance of the Royal College of General Practitioners' (RCGP) bid to extend GP training to 4 years[13] reflects major changes to healthcare delivery including a progressive transition from hospital to community settings and integration of clinical services. It also highlights the shift in NHS structure whereby GPs are becoming increasingly responsible for design as well as delivery of services.[14]

Given these developments and the dynamic role of the GP within the context of recent health reform, it may now appear reasonable to question whether international work experience is an appropriate use of time and whether it is of value to UK GPs, to the NHS, or towards improving global health. The 2007 Crisp report *Global Health Partnerships: the UK Contribution to Health in Developing Countries* and the government's responses to this set out the potential role of the NHS and UK healthcare professionals in ameliorating global health issues, drawing attention in particular to the shortfall of healthcare workers, need for scale-up of education and training, and inadequate health systems infrastructure in many developing countries.[15,16] Perceived benefits of international work for the UK stated in the Crisp report include broadening the education of UK healthcare professionals, appreciation of novel ideas for systemic improvement in the NHS, and the building of stronger global partnerships that could enhance the UK's position in an uncertain and risky future.

In view of the limited data on international work undertaken by UK GPs we, as members of the RCGP Junior International Committee, undertook a cross-sectional survey to explore the experiences of over 400 GPs who have combined UK-based general practice and international work. The full results are reported elsewhere[17] but some of the key findings were as follows.

Responders reported undertaking a wide variety of international work in both high and low-to-middle income settings, often at times of transition between different roles. Many responders incorporated work overseas into their GP training as out-of-programme activity, while others worked abroad during natural breaks between career changes or career stages. Some GP partners used sabbaticals as opportunities to undertake international work. Responders

Figure 1. Domains of the NHS Leadership Framework (reproduced with permission from the NHS Leadership Framework).



frequently worked as locum doctors before and/or after a period of time spent working abroad, which may be attributable to the relatively flexible nature of sessional work.

Many responders reported having worked in low-to-middle income countries with longer-term visits of greater than 6 months abroad rather than visits of shorter duration. The most commonly-reported roles overall were clinical service delivery in a non-emergency setting in high or low-to-middle income countries and teaching in low-to-middle income countries. Organisations that responders worked with in host countries spanned a wide spectrum which included public hospitals, missionary organisations, and NGOs with an international reach such as *Médecins Sans Frontières*.

Responders reported developing a range of competencies via the experience of international work, which could be transferred back to the UK setting to a variable degree. Over half of responders reported moderate to significant development in all core NHS Leadership Framework areas: personal qualities (such as self-awareness), working with others, setting direction, managing services, and improving services. The majority of responders also reported moderate-to-significant development in clinical care and teaching. In contrast, around one-fifth of responders reported this degree of improvement in research skills. Notable themes included improvement in the additional areas of confidence, appreciation of the NHS as a health system, and different ways of working.

While development of key competencies is desirable in its own right, for GPs returning to the UK the degree and ease of transferability of these competencies to the NHS system are arguably equally important. Survey responders reported variation in transferability of the competencies described above back to the UK setting. Areas in which responders were most easily able to transfer competencies to the UK to a moderate or significant degree were personal qualities (such as self-awareness and integrity), working with others, and clinical care. For example one responder is '*... now providing national and international training on quality and safety improvement*' and another '*cannot emphasise enough how seeing a mind-bogglingly large number of seriously ill people has helped ... in* [their] *subsequent career*.' Other competencies in the areas of setting direction, managing services, and improving services were reported as being less easily transferable to the UK. One factor associated with this was that returning to locum work in the UK offered '*... little opportunity to express the skills ... learned*', while other challenges included '*narrow-minded bureaucracy and lack of recognition of what is done abroad.*' A few responders stated that competencies developed abroad were culturally specific and therefore less relevant to the UK setting in which they worked.

An important finding from the survey was that international work was reported to affirm responder's specialty choice of general practice as a career as well as have a positive impact on NHS work by renewing enthusiasm on return to the UK. In addition to developing the competencies described above, time spent working abroad was reported to have influenced career direction for two-thirds of responders. Effects on professional trajectories were diverse. Responders developed further skills in teaching, research, and public health, with some pursuing further relevant qualifications such as advanced degrees and GP trainer accreditation. Many responders expressed increased desire to undertake more international work and/or decisions to serve multicultural populations while in the UK. The majority of responders planned to combine a career predominantly based in UK general practice with some international work in the future. Specific examples of international work that responders envisaged in prospective careers included teaching, humanitarian work, and clinical service delivery in low income countries.

A minority of responders reported negative effects of undertaking international work, primarily in relation to relinquishing GP partnerships prior to work abroad and perceived difficulty in obtaining substantive posts or even any clinical work on subsequent return to the UK. Responders' concerns regarding recognition of work done abroad and revalidation in the UK are comparable to issues highlighted in a study of doctors volunteering overseas.[18]

As the world becomes progressively better connected and global health issues gain prominence on both national and international agendas, UK healthcare professionals are increasingly likely to seek opportunities to undertake work overseas in addition to the UK. A growing body of evidence suggests that international work can be beneficial to the NHS by providing a context to develop competencies that are valuable to both UK healthcare professionals individually, and systemically to health services.[18–21] For many who return, however, there appear to be limited opportunities to utilise certain competencies such as those in managing and improving services, within the NHS context.

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To realise optimal gains from GPs who have undertaken international work, health policy makers, and organisational bodies such as the RCGP, clinical commissioning groups, and GP practices could consider facilitating GP roles that combine clinical work with service improvement responsibilities. GPs' concerns regarding revalidation could be mitigated if overseas work is appropriately recognised for revalidation purposes. Finally, innovative posts could also entail a job-sharing element that would facilitate combining UK and international work while preserving a level of continuity of care. With host countries and the UK standing to benefit from international experience gained by UK GPs, we need to acknowledge this potential value and assist health professionals with respect to work opportunities abroad, while concomitantly supporting their return to and roles within the NHS.

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